

**Wisconsin Department of Revenue 2-D Barcode File Layout
2005 Form 1 w/optional Schedule FC**

Code Field	Form Line #	Description	Picture Clause	Max size	Acceptable Values	Notes
Header Information						
1	Header	Version Number	PIC X	2	T1	Current FTA Standard Version
2	Header	Developer code	PIC 9	4		Your Assigned FTA code
3	Header	Jurisdiction	PIC X	2	WI	State of Wisconsin
4	Header	Form Type	PIC X	5	FORM1	Wisconsin Form 1
5	Header	Current year	PIC 9	2	05	2005
6	Header	Software version	PIC 9	2	00	If revised, change to 01 & must be approved
*** 2005 WI Form 1 page 1 w/optional FC ***						
7	SS#	Your Social Security Number	PIC 9	9		
8	SS#	Spouse's Social Security Number	PIC 9	9		
9	Name	Your Legal Last Name	PIC X	16		
10	Name	Legal First Name & Middle Initial	PIC X	11		
11	Name	If a Joint Return, Spouses Legal Last Name	PIC X	16		
12	Name	Spouse's Legal First Name and Middle Initial	PIC X	11		
13	Address	Home Address (number and street)	PIC X	30		
14	City	City or Post Office	PIC X	24		
15	State	State	PIC X	2		
16	Zip Code	Zip Code	PIC 9	5		5 digit zip code only
17	Filing Status	Single check box	PIC 9	1	1 or blank	
18	Filing Status	Married Filing Joint Return check box	PIC 9	1	2 or blank	
19	Filing Status	Married Filing Separate Return check box-Fill in SS# Above	PIC 9	1	3 or blank	
20	Filing Status	Head of Household (See page 6) check box	PIC 9	1	4 or blank	
21	Filing Status	Also, Check here if Married check box	PIC 9	1	1 or 3	1 if checked or 3 if blank
22	State Elec	State Election Campaign Fund check box-You	PIC 9	1	1 or 3	1 if checked or 3 if blank
23	State Elec	State Election Campaign Fund check box-Your Spouse	PIC 9	1	1 or 3	1 if checked or 3 if blank
24	Tax District	City check box	PIC X	1	C or blank	
25	Tax District	Village check box	PIC X	1	V or blank	
26	Tax District	Town check box	PIC X	1	T or blank	
27	Tax District	Fill in Name	PIC X	24		
28	Tax District	County of	PIC X	12		
29	Tax District	School District	PIC 9	4		
30	1	Federal Adjusted Gross Income	PIC 9	9		
31	1	W-2 Wages	PIC 9	9		Can't be a negative number
32	3	Capital Gain/Loss Addition	PIC 9	9		Can't be a negative number
33	4	Other Additions (fill in code number)	PIC 9	2		
34	4	Other Additions (fill in code number)	PIC 9	2		
35	4	Other Additions (fill in code number)	PIC 9	2		
36	4	Other Additions (fill in code number)	PIC 9	2		
37	4	Other Additions (fill in code number)	PIC 9	2		
38	5	Add the Amounts in the Right Column for Lines 1-4	PIC 9	9		
39	10	Capital Gain/Loss Subtraction	PIC 9	9		
40	11	Other Subtractions (fill in code number)	PIC 9	2		
41	11	Other Subtractions (fill in code number)	PIC 9	2		
42	11	Other Subtractions (fill in code number)	PIC 9	2		
43	11	Other Subtractions (fill in code number)	PIC 9	2		
44	11	Other Subtractions (fill in code number)	PIC 9	2		
45	12	Add Lines 6 through 11	PIC 9	9		Can't be a negative number
46	13	Subtract Line 12 from Line 5. This is Your Wisconsin Income	PIC 9	9		

**Wisconsin Department of Revenue 2-D Barcode File Layout
2005 Form 1 w/optional Schedule FC**

*** 2005 WI Form 1 page 2 w/optional FC***						
Code Field	Form Line #	Description	Picture Clause	Max size	Acceptable Values	Notes
47	15	Standard Deduction. See Table	PIC 9	9		Can't be a negative number
48	15	If Someone Else Can Claim You.....check box	PIC 9	1	1 or 3	1 if checked or 3 if blank
49	16	Subtract Line 15 From Line 14...	PIC 9	9		
50	17a	Deduction For Exemptions	PIC 9	5		Can't be a negative number
51	17b	Fill in Number of Dependents...	PIC 9	2		
52	17c	If You Were Age 65 or Over check box	PIC 9	1	1 or 3	1 if checked or 3 if blank
53	17c	If Your Spouse Was 65 or Over check box	PIC 9	1	1 or 3	1 if checked or 3 if blank
54	18	Subtract Line 17a From Line 16....Taxable Income	PIC 9	9		
55	19	Tax	PIC 9	9		Can't be a negative number
56	20	Itemized Deduction Credit	PIC 9	7		Can't be a negative number
57	21	Armed Forces Member Credit	PIC 9	3		Can't be a negative number
58	22a	School Property Tax Credit-Rent Paid in 2005 Heat Inc.	PIC 9	7		Can't be a negative number
59	22a	School Property Tax Credit-Rent Paid in 2005 Heat Not Inc.	PIC 9	7		Can't be a negative number
60	22a	School Property Tax Credit from Renters Table	PIC 9	3		Can't be a negative number
61	22b	Property Taxes Paid on Home in 2005	PIC 9	7		Can't be a negative number
62	22b	Property Tax Credit from Table	PIC 9	3		Can't be a negative number
63	23	Working Families Tax Credit	PIC 9	5		Can't be a negative number
64	24	Add Lines 20 through 23	PIC 9	5		Can't be a negative number
65	25	Subtract Line 24 From Line 19...	PIC 9	7		Can't be a negative number
66	26	Alternative Minimum Tax	PIC 9	7		Can't be a negative number
67	27	Add Lines 25 and 26	PIC 9	7		Can't be a negative number
68	28	Married Couple Credit	PIC 9	3		Can't be a negative number
69	29a	Other Credits-Schedule MS	PIC 9	7		Can't be a negative number
70	29b	Other Credits-Schedule DI	PIC 9	7		Can't be a negative number
71	29c	Other Credits-Schedule VC (Part I)	PIC 9	7		Can't be a negative number
72	29d	Other Credits-Schedule VC (Part II)	PIC 9	7		Can't be a negative number
73	29	Other Credits-Total	PIC 9	7		Can't be a negative number
74	30	Add Lines 28 and 29	PIC 9	7		Can't be a negative number
75	31	Subtract Line 30 From Line 27....Net Tax	PIC 9	7		Can't be a negative number
76	32	Recycling Surcharge	PIC 9	7		Can't be a negative number
77	33	Sales and Use Tax	PIC 9	7		Can't be a negative number
78	34	Endangered Resources Donation	PIC 9	5		Can't be a negative number
79	35	Packers Football Stadium Donation	PIC 9	5		Can't be a negative number
80	36	Breast Cancer Research Donation	PIC 9	5		Can't be a negative number
81	37	Veterans Trust Fund Donation	PIC 9	5		Can't be a negative number
82	38	Penalties on IRA's....	PIC 9	5		Can't be a negative number
83	38	Penalties on IRA's X .33=	PIC 9	5		Can't be a negative number
84	39	Add Lines 31 through 38	PIC 9	7		Can't be a negative number
*** 2005 WI Form 1 page 3 w/optional FC***						
85	41	Wisconsin Tax Withheld	PIC 9	7		Can't be a negative number
86	42	2005 Estimated Tax Payments and Amt. Applied to 2004	PIC 9	7		Can't be a negative number
87	43	Earned Income Credit Qualifying Children	PIC 9	2		
88	43	Earned Income Credit-Federal Credit	PIC 9	5		Can't be a negative number
89	43	Earned Income Credit	PIC 9	5		Can't be a negative number
90	44	Farmland Preservation Credit	PIC 9	5		Can't be a negative number
91	45	Net Income Paid to Another State (State abbreviation)	PIC 9	2		
92	45	Net Income Paid to Another State	PIC 9	7		
93	46	Homestead Credit	PIC 9	0	Must be Blank-see file layout for Form 1 w/Schedule H or Form 1 w/Schedule H-EZ	
94	47	Farmland Tax Relief Credit-Property Taxes on Farmland	PIC 9	7		Can't be a negative number
95	47	Farmland Tax Relief Credit-Prop. Taxes on Farmland x .20=	PIC 9	5		Can't be a negative number
96	48	Veterans and Surviving Spouses Property Tax Credit	PIC 9	5		Can't be a negative number
97	49	Add Lines 41 through 48	PIC 9	7		Can't be a negative number
98	50	Amount you Overpaid \$	PIC 9	7		Can't be a negative number
99	50	Amount you Overpaid cents	PIC 9	2		Can't be a negative number
100	51	Refunded to You \$	PIC 9	7		Can't be a negative number
101	51	Refunded to You cents	PIC 9	2		Can't be a negative number
102	52	Applied To Your 2006 Estimated Tax \$	PIC 9	7		Can't be a negative number
103	52	Applied To Your 2006 Estimated Tax cents	PIC 9	2		Can't be a negative number
104	53	Amount You Owe \$	PIC 9	7		Can't be a negative number
105	53	Amount You Owe cents	PIC 9	2		Can't be a negative number
106	54	Underpayment Interest \$	PIC 9	7		Can't be a negative number
107	54	Underpayment Interest cents	PIC 9	2		Can't be a negative number

**Wisconsin Department of Revenue 2-D Barcode File Layout
2005 Form 1 w/optional Schedule FC**

*** 2005 WI Form 1 page 4 w/optional FC***						
Code Field	Form Line #	Description	Picture Clause	Max size	Acceptable Values	Notes
108	1	Sched 1-Itemized Deduction Credit-Medical & Dental Exp.	PIC 9	8		Can't be a negative number
109	2	Sched 1-Interest Paid From Line 14, Federal Schedule A	PIC 9	8		Can't be a negative number
110	3	Sched 1-Gifts to Charity From Line 18, Federal Schedule A	PIC 9	8		Can't be a negative number
111	4	Sched 1-Add Lines 1 through 3	PIC 9	8		Can't be a negative number
112	1a	Sched 2-Married Couple Cr-Taxable Wages-Yourself	PIC 9	8		Can't be a negative number
113	1b	Sched 2-Married Couple Cr-Taxable Wages-Spouse	PIC 9	8		Can't be a negative number
114	2a	Sched 2-Married Couple Cr-Net Profit or Loss..-Yourself	PIC 9	8		
115	2b	Sched 2-Married Couple Cr-Net Profit or Loss..-Spouse	PIC 9	8		
116	4a	Sched 2-Married Couple Cr-Add Amounts From Fed 1040...Yourself	PIC 9	8		Can't be a negative number
117	4b	Sched 2-Married Couple Cr-Add Amounts From Fed 1040...Spouse	PIC 9	8		Can't be a negative number
*** 2005 WI Form 1 w/optional FC-(FC page 1)***						
118	4	Acres	PIC 9	4		
*** 2005 WI Form 1 w/optional FC-(FC page 2)***						
119	10	Total Household Income	PIC 9	7		
120	11a	Fill in the Net 2005 Property Taxes on Which This Claim is Based	PIC 9	7		Can't be a negative number
121	15a	Fill in 100% of Amount From Line 14	PIC 9	7		Can't be a negative number
122	15b	Fill in 80% of Line 14 Amount	PIC 9	7		Can't be a negative number
123	15c	Fill in 70% of Line 14 Amount	PIC 9	7		Can't be a negative number
124	15d	Multiple percentages from Worksheet	PIC 9	7		Can't be a negative number
125	16	10% Special Minimum Credit	PIC 9	7		Can't be a negative number
126	17	Credit Based on Prior Year's Law	PIC 9	7		Can't be a negative number
127	18	Farmland Preservation Credit	PIC 9	7		Can't be a negative number
128		END OF DATA	PIC X		*EOD*<CR>	

For the year Jan. 1-Dec. 31, 2005,
or other tax year
beginning _____, 2005
ending _____, 20__.



Complete
form using
BLACK INK

Your social security number 7	Spouse's social security number 8
------------------------------------	--

Your legal last name 9		Legal first name and middle initial 10		State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> 22 You <input type="checkbox"/> 23 Your spouse Checking the box(es) will not change your tax or refund.
If a joint return, spouse's legal last name 11		Spouse's legal first name and middle initial 12		
Home address (number and street) 13				
City or post office 14		State 15	Zip code 16	Tax district Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005. <input type="checkbox"/> 24 City <input type="checkbox"/> 25 Village <input type="checkbox"/> 26 Town Fill in name <input type="checkbox"/> 27 County of <input type="checkbox"/> 28 School district Fill in your school district number (see page 38) <input type="checkbox"/> 29
Filing status Check <input checked="" type="checkbox"/> box <input type="checkbox"/> 17 Single <input type="checkbox"/> 18 Married filing joint return <input type="checkbox"/> 19 Married filing separate return. Fill in spouse's SSN above. <input type="checkbox"/> 21 <input type="checkbox"/> 20 Head of household (see page 6). Also, check here if married. <input type="checkbox"/> 21 Fill in spouse's full name here				

1	Federal adjusted gross income (see page 7)	1	30	.00
	W-2 wages included in line 1		31	.00
2	State and municipal interest (see page 7)	2		.00
3	Capital gain/loss addition (see page 7)	3	32	.00
4	Other additions (fill in code number and amount, see page 7)	33		
	<input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 .. Total	4		.00
5	Add the amounts in the right column for lines 1 through 4	5	38	.00
6	State tax refund (Form 1040, line 10)	6		.00
7	United States government interest	7		.00
8	Unemployment compensation (see page 9)	8		.00
9	Social security adjustment (see page 9)	9		.00
10	Capital gain/loss subtraction (see page 10)	10	39	.00
11	Other subtractions (fill in code number and amount, see page 10)			
	<input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42			
	<input type="checkbox"/> 43 <input type="checkbox"/> 44 .. Total	11		.00
12	Add lines 6 through 11	12	45	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	46	.00



14	Wisconsin income from line 13	14		.00
15	Standard deduction. See table on page 30, OR ▼	15	47	.00
	If someone else can claim you (or your spouse) as a dependent, see page 17 and check box ▶ 48			
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	49	.00
17	Deduction for exemptions (from line 6 of Exemption Worksheet on page 17)	17a	50	.00
	b Fill in number of dependents (do not count yourself or your spouse)		51	
	c If you (or your spouse if filing joint) were age 65 or over, check appropriate box(es)		52 You 53 Spouse	
18	Subtract line 17a from line 16. If line 17a is larger than line 16, fill in 0. This is your taxable income	18	54	.00
19	Tax (see table on page 31)	19	55	.00
20	Itemized deduction credit. Attach Schedule 1, page 4	20	56	.00
21	Armed forces member credit (must be stationed outside U.S. See page 18)	21	57	.00
22	School property tax credit			
	a Rent paid in 2005—heat included 58 .00	} Find credit from table page 19 ...	22a	60 .00
	Rent paid in 2005—heat not included 59 .00			
	b Property taxes paid on home in 2005 61 .00	} Find credit from table page 20 ...	22b	62 .00
23	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 20			
		23	63	.00
24	Add credits on lines 20 through 23	24	64	.00
25	Subtract line 24 from line 19. If line 24 is larger than line 19, fill in 0	25	65	.00
26	Alternative minimum tax. Attach Schedule MT	26	66	.00
27	Add lines 25 and 26	27	67	.00
28	Married couple credit. Attach Schedule 2, page 4	28	68	.00
29	Other credits:			
	a Schedule MS 69 .00			
	b Schedule DI 70 .00 c Schedule VC (Part I) 71 .00			
	d Schedule VC (Part II) 72 .00 Total ▶ 29 73 .00			
30	Add lines 28 and 29	30	74	.00
31	Subtract line 30 from line 27. If line 30 is larger than line 27, fill in 0. This is your net tax	31	75	.00
32	Recycling surcharge. Attach Schedule RS	32	76	.00
33	Sales and use tax due on out-of-state purchases (see page 22)	33	77	.00
34	Endangered resources donation (decreases refund or increases amount owed) ... 	34	78	.00
35	Packers football stadium donation (decreases refund or increases amount owed) ... 	35	79	.00
36	Breast cancer research donation (decreases refund or increases amount owed)	36	80	.00
37	Veterans trust fund donation (decreases refund or increases amount owed)	37	81	.00
38	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 23)	38	82 .00 x .33 = 83 .00	
39	Add lines 31 through 38	39	84	.00



Name(s) shown on Form 1		Your social security number 	
40	Amount from line 39.....	40	.00
41	Wisconsin tax withheld. Attach withholding statements ...	41	85 .00
42	2005 estimated tax payments and amount applied from 2004 return	42	86 .00
43	Earned income credit. Qualifying children ... 87		
	Federal credit ... 88 .00 x % =	43	89 .00
44	Farmland preservation credit. Attach Schedule FC	44	90 .00
45	Net income tax paid to another state (see page 24) ... 91	45	92 .00
46	Homestead credit. Attach Schedule H or H-EZ	46	93 .00
47	Farmland tax relief credit. Property taxes on farmland .. 94 .00 x .20 =	47	95 .00
48	Eligible veterans and surviving spouses property tax credit ..	48	96 .00
49	Add lines 41 through 48	49	97 .00
50	If line 49 is larger than line 40, subtract line 40 from line 49. This is the AMOUNT YOU OVERPAID	50	98 .00 99
51	Amount of line 50 you want REFUNDED TO YOU	51	100 .00 101
52	Amount of line 50 you want APPLIED TO YOUR 2006 ESTIMATED TAX	52	102 .00 103
53	If line 49 is smaller than line 40, subtract line 49 from line 40. This is the AMOUNT YOU OWE . Paper clip payment to front of return	53	104 .00 105
54	Underpayment interest. Also include on line 53	54	106 .00 107

I-010a



Attach (paper clip) copies of your federal income tax return and schedules.

Assemble your return (pages 1-4) and withholding statements in the order listed on page 27.

Sign here

▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature

Spouse's signature (if filing jointly, BOTH must sign)

Date

Daytime phone

()

Mail your return to: Wisconsin Department of Revenue
 If tax due PO Box 268, Madison WI 53790-0001
 If refund or no tax due PO Box 59, Madison WI 53785-0001
 If homestead credit claimed ... PO Box 34, Madison WI 53786-0001

For Department Use Only

R	M	Y	T	M	A	N	D	A	P	C		
		05										





Submit this page with Form 1
if you claim either credit.

Schedule 1 – Itemized Deduction Credit (see page 17)

1 Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	108	.
2 Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	109	.
3 Gifts to charity from line 18, federal Schedule A. See instructions for exceptions	3	110	.
4 Add lines 1 through 3	4	111	.
5 Fill in your standard deduction from line 15 on page 2 of Form 1	5		.
6 Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6		.
7 Rate of credit is .05 (5%)	7	x .05	
8 Multiply line 6 by line 7. Fill in here and on line 20 on page 2 of Form 1	8		.

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1 112 .	113 .
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	2 114 .	115 .
3 Combine lines 1 and 2. This is earned income	3 .	. .
4 Add amounts from your federal Form 1040, lines 24, 28, and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	4 116 .	117 .
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 .	. .
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6 .	. .
7 Rate of credit is .03 (3%)	7 x .03	
8 Multiply line 6 by line 7. Fill in here and on line 28 on page 2 of Form 1	8 .	Do not fill in more than \$480.

Schedule
FC Wisconsin farmland
preservation credit claim



2005

Complete form using **BLACK INK**

For 2005 or taxable year beginning _____, 2005, ending _____, 20

Claimant's legal last name	Claimant's legal first name and initial	Check proper box: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation (including publicly traded partnership or LLC treated as corporation) <input checked="" type="checkbox"/> Trust or Estate	Claimant's social security number
Spouse's legal last name	Spouse's legal first name and initial		Spouse's social security number
Home address (number and street)			▲ IMPORTANT ▲ Individuals must enter their social security number(s).
City or post office	State Zip code		
		Daytime telephone number ()	

Questions Questions 1 through 7 **must** be answered (see instructions, page 4).

- 1 a Individuals – Were you a legal resident of Wisconsin for all of 2005? (If “No,” you do not qualify.) . . . 1a ☐ Yes ☐ No
b Corporations – Were you organized under the laws of Wisconsin? (If “No,” you do not qualify.) . . . 1b ☐ Yes ☐ No
- 2 Have you been notified that you are in noncompliance with **any** soil and water conservation plan or standard? . . . 2 ☐ Yes ☐ No
- 3 Have the 2004 property taxes for all of the farmland on which this claim is based been paid in full? . . . 3 ☐ Yes ☐ No
- 4 What is the number of acres on which this claim is based? (If your claim is based on less than 35 acres, you do not qualify.) . . . 4 ACRES
- 5 Did the farmland produce gross farm profits of at least \$6,000 during 2005 or a total of at least \$18,000 during 2003, 2004, and 2005 combined? . . . 5 ☐ Yes ☐ No
- 6 Were at least 35 acres of the farmland on which this claim is based enrolled in the Conservation Reserve Program during 2005? . . . 6 ☐ Yes ☐ No
- 7 If the farmland was used by someone else who met the requirement in question 5, what is that person's name and address? _____

Household Income Complete lines 8 through 10.

- 8 Taxable income and dependents' farm income (see instructions, page 4). **Use Dollars Only**
- a Individuals (including partners and all corporate shareholders) –
- (1) Income from line 13 of Form 1 (Form 1NPR filers see instructions) . . . 8a(1) .00
- (2) Spouse's income from Wisconsin income tax return (if married filing separately) . . . 8a(2) .00
- (3) Farm income of dependents under age 18 – Complete the worksheet below . . . 8a(3) .00

Name	Birth Date	Farm Income
		.00
		.00
		.00
Total farm income – fill in here and on line 8a(3) above		.00

Note: If you have more than 3 dependents with farm income, attach a separate schedule.

- b Corporations – Income from Wisconsin Form 4 or 5 (see instructions) . . . 8b .00
- c Trusts and Estates – Total from Income Worksheet on page 5 . . . 8c .00
- 9 Other household income and adjustments (see instructions, pages 5 through 7).
- a Depreciation . . . 9a .00
- b Nonfarm business losses . . . 9b .00
- c Amortization . . . 9c .00
- d Capital gains not taxable . . . 9d .00
- e Capital loss carryforwards . . . 9e .00
- f Cash public assistance, county relief, and Wisconsin Works payments (do not include foster care payments) . . . 9f .00
- g Child support, maintenance payments, and other support money (court ordered) . . . 9g .00
- h Contributions to deferred compensation plans . . . 9h .00
- i Contributions to IRAs, self-employed SEP, SIMPLE, and qualified plans . . . 9i .00
- j Depletion expense and intangible drilling costs . . . 9j .00
- k Add lines 8 through 9j. Enter here and on line 9L, at the top of page 2 . . . 9k .00



9 L	Fill in the amount from line 9k (page 1) here	9L	.00
m	Gain from sale of home excluded for federal tax purposes (see instructions)	9m	.00
n	Nontaxable housing allowance provided to a member of the clergy	9n	.00
o	Income of a nonresident or part-year resident spouse	9o	.00
p	Interest on state and municipal bonds	9p	.00
q	Interest on United States securities	9q	.00
r	IRA, SEP, SIMPLE, distributions from retirement plans, pension, annuity, railroad retirement, and veterans' pension or disability payments	9r	.00
s	Military compensation or cash benefits	9s	.00
t	Nontaxable income from sources outside Wisconsin	9t	.00
u	Nontaxable income of a Native American	9u	.00
v	Rent reduction for a resident manager	9v	.00
w	Scholarships, fellowships, and grants	9w	.00
x	Social security and SSI payments (do not include Title XX payments)	9x	.00
y	Unemployment compensation	9y	.00
z	Workers' compensation and nontaxable loss of time insurance (for example, sick pay)	9z	.00
10	TOTAL HOUSEHOLD INCOME – Add lines 9L through 9z	10 ▶	119 .00

Credit Computation Complete lines 11 through 18, as applicable (see instructions, pages 7 through 9).

11 a	Fill in the net 2005 property taxes on which this claim is based	▶ 11a	120 .00
b	Fill in the SMALLER of the amount on line 11a or \$6,000	11b	.00
12	Using the income amount on line 10, fill in the appropriate amount from TABLE 1 , page 15	12	.00
13	Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)	13	.00
14	Using the amount on line 13, fill in the appropriate amount from TABLE 2 , page 16	14	.00
15	Regular Credit – Check box to indicate the percentage of credit for which you qualify:		
a	<input type="checkbox"/> 100% – Fill in amount from line 14	15a	121 .00
b	<input type="checkbox"/> 80% – Fill in 80% of line 14 amount	15b	122 .00
c	<input type="checkbox"/> 70% – Fill in 70% of line 14 amount	15c	123 .00
d	<input type="checkbox"/> Multiple Percentages – From line 21 of WORKSHEET 2 , page 12	15d	124 .00
16	10% Special Minimum Credit – Fill in 10% of line 11b	16	125 .00
17	Credit Based On Prior Year's Law – Fill in amount from line 13 of WORKSHEET 1 , page 11 – available only if your agreement was effective before 8/15/91	17	126 .00
18	FARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a through 17 on line 18. Fill in the credit from line 18 on one of the following lines: line 44 of Form 1; line 69 of Form 1NPR; line 1, Schedule C2, of Form 4 or Form 5; or line 17 of Form 2	18 ▶	127 .00

Certification If applicable, check the box on line 19 to certify both of the following (see instructions, page 9):

- 19 a None of the information on my previously submitted zoning certificate has changed, and
 b I have notified the county land conservation committee that I intend to file a 2005 Schedule FC . . 19 ☐

Sign Here This farmland preservation credit claim and all attachments are true, correct, and complete to the best of my knowledge.

Claimant's signature

Date

For the year Jan. 1-Dec. 31, 2005,
or other tax year
beginning _____, 2005
ending _____, 20__.

**Complete
form using
BLACK INK**

Place label here or print



See page 27 before assembling return

PAPER CLIP payment here

Your social security number 123 45 6789		Spouse's social security number 987 65 4321	
Your legal last name MUNSTER		Legal first name and middle initial HERMAN L	
If a joint return, spouse's legal last name		Spouse's legal first name and middle initial	
Home address (number and street) 15 SCARY RD			
City or post office MIDDLETON		State WI	Zip code 53562
Filing status Check <input checked="" type="checkbox"/> box <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input checked="" type="checkbox"/> Married filing separate return. Fill in spouse's SSN above.		Fill in spouse's full name here MUNSTER, MARION R <input type="checkbox"/> Head of household (see page 6). Also, check here if married. <input type="checkbox"/>	
State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check box(es). <input checked="" type="checkbox"/> You <input type="checkbox"/> Your spouse Checking the box(es) will not change your tax or refund.			
Tax district Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Fill in name MIDDLETON County of DANE			
School district Fill in your school district number (see page 38) 3549			

1	Federal adjusted gross income (see page 7)	1	47300	.00
	W-2 wages included in line 1		48000	.00
2	State and municipal interest (see page 7)	2		.00
3	Capital gain/loss addition (see page 7)	3		.00
4	Other additions (fill in code number and amount, see page 7)			
	03 300 09 1560 .. Total	4	1860	.00
5	Add the amounts in the right column for lines 1 through 4	5	49160	.00
6	State tax refund (Form 1040, line 10)	6		.00
7	United States government interest	7		.00
8	Unemployment compensation (see page 9)	8		.00
9	Social security adjustment (see page 9)	9		.00
10	Capital gain/loss subtraction (see page 10)	10		.00
11	Other subtractions (fill in code number and amount, see page 10)			
	52 6,000 .. Total	11	6000	.00
12	Add lines 6 through 11	12	6000	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	43160	.00



14	Wisconsin income from line 13	14	<u>43160</u>	<u>.00</u>
15	Standard deduction. See table on page 30, OR ▼	15		<u>.00</u>
	If someone else can claim you (or your spouse) as a dependent, see page 17 and check box ► <input type="checkbox"/>			
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	<u>43160</u>	<u>.00</u>
17	Deduction for exemptions (from line 6 of Exemption Worksheet on page 17)	17a		<u>.00</u>
	b Fill in number of dependents (do not count yourself or your spouse) ► _____			
	c If you (or your spouse if filing joint) were age 65 or over, check appropriate box(es) ► <input type="checkbox"/> You <input type="checkbox"/> Spouse			
18	Subtract line 17a from line 16. If line 17a is larger than line 16, fill in 0. This is your taxable income	18	<u>43160</u>	<u>.00</u>
19	Tax (see table on page 31)	19	<u>2669</u>	<u>.00</u>
20	Itemized deduction credit. Attach Schedule 1, page 4	20		<u>.00</u>
21	Armed forces member credit (must be stationed outside U.S. See page 18)	21		<u>.00</u>
22	School property tax credit			
	a Rent paid in 2005–heat included	<u>.00</u>	} Find credit from table page 19 ... 22a	<u>.00</u>
	Rent paid in 2005–heat not included	<u>.00</u>		
	b Property taxes paid on home in 2005	<u>4000</u>	<u>.00</u>	} Find credit from table page 20 ... 22b
			<u>300</u>	
23	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 20	23		<u>.00</u>
24	Add credits on lines 20 through 23	24	<u>300</u>	<u>.00</u>
25	Subtract line 24 from line 19. If line 24 is larger than line 19, fill in 0	25	<u>2369</u>	<u>.00</u>
26	Alternative minimum tax. Attach Schedule MT	26		<u>.00</u>
27	Add lines 25 and 26	27	<u>2369</u>	<u>.00</u>
28	Married couple credit. Attach Schedule 2, page 4	28		<u>.00</u>
29	Other credits:	a Schedule MS		<u>.00</u>
	b Schedule DI	<u>.00</u>	c Schedule VC (Part I)	<u>.00</u>
	d Schedule VC (Part II)	<u>.00</u>	Total ► 29	<u>.00</u>
30	Add lines 28 and 29	30		<u>.00</u>
31	Subtract line 30 from line 27. If line 30 is larger than line 27, fill in 0. This is your net tax	31	<u>2369</u>	<u>.00</u>
32	Recycling surcharge. Attach Schedule RS	32		<u>.00</u>
33	Sales and use tax due on out-of-state purchases (see page 22)	33		<u>.00</u>
34	Endangered resources donation (decreases refund or increases amount owed) 	34		<u>.00</u>
35	Packers football stadium donation (decreases refund or increases amount owed) ... 	35		<u>.00</u>
36	Breast cancer research donation (decreases refund or increases amount owed)	36		<u>.00</u>
37	Veterans trust fund donation (decreases refund or increases amount owed)	37		<u>.00</u>
38	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 23)	<u>.00</u>	x .33 =	38 <u>.00</u>
39	Add lines 31 through 38	39	<u>2369</u>	<u>.00</u>



Name(s) shown on Form 1		Your social security number <div style="text-align: center; font-family: monospace; font-size: 1.2em;">123 45 6789</div>	
40	Amount from line 39.....	40	2369 .00
41	Wisconsin tax withheld. Attach withholding statements...	41	2750 .00
42	2005 estimated tax payments and amount applied from 2004 return.....	42	.00
43	Earned income credit. Qualifying children... <input type="checkbox"/>		
	Federal credit00 x % =	43	.00
44	Farmland preservation credit. Attach Schedule FC	44	.00
45	Net income tax paid to another state (see page 24) ... <input type="checkbox"/>	45	.00
46	Homestead credit. Attach Schedule H or H-EZ.....	46	.00
47	Farmland tax relief credit. Property taxes on farmland .. .00 x .20 =	47	.00
48	Eligible veterans and surviving spouses property tax credit ..	48	.00
49	Add lines 41 through 48	49	2750 .00
50	If line 49 is larger than line 40, subtract line 40 from line 49. This is the AMOUNT YOU OVERPAID	50	381 .00
51	Amount of line 50 you want REFUNDED TO YOU	51	381 .00
52	Amount of line 50 you want APPLIED TO YOUR 2006 ESTIMATED TAX	52	.00
53	If line 49 is smaller than line 40, subtract line 49 from line 40. This is the AMOUNT YOU OWE . Paper clip payment to front of return.....	53	.00
54	Underpayment interest. Also include on line 53	54	.00

I-010a



Attach (paper clip) copies of your federal income tax return and schedules.

Assemble your return (pages 1-4) and withholding statements in the order listed on page 27.

Sign here

▼ **Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.**

Your signature

Spouse's signature (if filing jointly, BOTH must sign)

Date

Daytime phone

()

Mail your return to:

Wisconsin Department of Revenue

If tax due PO Box 268, Madison WI 53790-0001

If refund or no tax due PO Box 59, Madison WI 53785-0001

If homestead credit claimed ... PO Box 34, Madison WI 53786-0001

For Department Use Only

R	M	Y	T	M	A	N	D	A	P	C		
		05										





Submit this page with Form 1
if you claim either credit.

Schedule 1 – Itemized Deduction Credit (see page 17)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	.
2	Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	.
3	Gifts to charity from line 18, federal Schedule A. See instructions for exceptions	3	.
4	Add lines 1 through 3	4	.
5	Fill in your standard deduction from line 15 on page 2 of Form 1	5	.
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6	.
7	Rate of credit is .05 (5%)	7	x .05
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2 of Form 1	8	.

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	
3	Combine lines 1 and 2. This is earned income	
4	Add amounts from your federal Form 1040, lines 24, 28, and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	
7	Rate of credit is .03 (3%)	x .03
8	Multiply line 6 by line 7. Fill in here and on line 28 on page 2 of Form 1	

Do not fill in more than \$480.

Complete form using **BLACK INK**

For 2005 or taxable year beginning _____, 2005, ending _____, 20

Claimant's legal last name	Claimant's legal first name and initial	Check proper box: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation (including publicly traded partnership or LLC treated as corporation) <input type="checkbox"/> Trust or Estate	Claimant's social security number 123 45 6789
Spouse's legal last name	Spouse's legal first name and initial		Spouse's social security number
Home address (number and street)		Daytime telephone number ()	▲ IMPORTANT ▲ Individuals must enter their social security number(s).
City or post office	State Zip code		

Questions Questions 1 through 7 **must** be answered (see instructions, page 4).

- 1 a Individuals – Were you a legal resident of Wisconsin for all of 2005? (If “No,” you do not qualify.) . . . 1a ☐ Yes ☐ No
b Corporations – Were you organized under the laws of Wisconsin? (If “No,” you do not qualify.) . . . 1b ☐ Yes ☐ No
- 2 Have you been notified that you are in noncompliance with **any** soil and water conservation plan or standard? . . . 2 ☐ Yes ☐ No
- 3 Have the 2004 property taxes for all of the farmland on which this claim is based been paid in full? . . . 3 ☐ Yes ☐ No
- 4 What is the number of acres on which this claim is based? (If your claim is based on less than 35 acres, you do not qualify.) . . . 4 ACRES
- 5 Did the farmland produce gross farm profits of at least \$6,000 during 2005 or a total of at least \$18,000 during 2003, 2004, and 2005 combined? . . . 5 ☐ Yes ☐ No
- 6 Were at least 35 acres of the farmland on which this claim is based enrolled in the Conservation Reserve Program during 2005? . . . 6 ☐ Yes ☐ No
- 7 If the farmland was used by someone else who met the requirement in question 5, what is that person's name and address? _____

Household Income Complete lines 8 through 10.

- 8 Taxable income and dependents' farm income (see instructions, page 4). **Use Dollars Only**
- a Individuals (including partners and all corporate shareholders) –
- (1) Income from line 13 of Form 1 (Form 1NPR filers see instructions) . . . 8a(1) _____ .00
- (2) Spouse's income from Wisconsin income tax return (if married filing separately) . . . 8a(2) _____ .00
- (3) Farm income of dependents under age 18 – Complete the worksheet below . . . 8a(3) _____ .00

Name	Birth Date	Farm Income
		.00
		.00
		.00
Total farm income – fill in here and on line 8a(3) above		.00

Note: If you have more than 3 dependents with farm income, attach a separate schedule.

- b Corporations – Income from Wisconsin Form 4 or 5 (see instructions) . . . 8b _____ .00
- c Trusts and Estates – Total from Income Worksheet on page 5 . . . 8c _____ .00
- 9 Other household income and adjustments (see instructions, pages 5 through 7).
- a Depreciation . . . 9a _____ .00
- b Nonfarm business losses . . . 9b _____ .00
- c Amortization . . . 9c _____ .00
- d Capital gains not taxable . . . 9d _____ .00
- e Capital loss carryforwards . . . 9e _____ .00
- f Cash public assistance, county relief, and Wisconsin Works payments (do not include foster care payments) . . . 9f _____ .00
- g Child support, maintenance payments, and other support money (court ordered) . . . 9g _____ .00
- h Contributions to deferred compensation plans . . . 9h _____ .00
- i Contributions to IRAs, self-employed SEP, SIMPLE, and qualified plans . . . 9i _____ .00
- j Depletion expense and intangible drilling costs . . . 9j _____ .00
- k Add lines 8 through 9j. Enter here and on line 9L, at the top of page 2 . . . 9k _____ .00



9 L	Fill in the amount from line 9k (page 1) here	9L	_____	.00
m	Gain from sale of home excluded for federal tax purposes (see instructions)	9m	_____	.00
n	Nontaxable housing allowance provided to a member of the clergy	9n	_____	.00
o	Income of a nonresident or part-year resident spouse	9o	_____	.00
p	Interest on state and municipal bonds	9p	_____	.00
q	Interest on United States securities	9q	_____	.00
r	IRA, SEP, SIMPLE, distributions from retirement plans, pension, annuity, railroad retirement, and veterans' pension or disability payments	9r	_____	.00
s	Military compensation or cash benefits	9s	_____	.00
t	Nontaxable income from sources outside Wisconsin	9t	_____	.00
u	Nontaxable income of a Native American	9u	_____	.00
v	Rent reduction for a resident manager	9v	_____	.00
w	Scholarships, fellowships, and grants	9w	_____	.00
x	Social security and SSI payments (do not include Title XX payments)	9x	_____	.00
y	Unemployment compensation	9y	_____	.00
z	Workers' compensation and nontaxable loss of time insurance (for example, sick pay)	9z	_____	.00
10	TOTAL HOUSEHOLD INCOME – Add lines 9L through 9z.	10 ▶	43160	.00

Credit Computation Complete lines 11 through 18, as applicable (see instructions, pages 7 through 9).

11 a	Fill in the net 2005 property taxes on which this claim is based	▶ 11a	4000	.00
b	Fill in the SMALLER of the amount on line 11a or \$6,000	11b	4000	.00
12	Using the income amount on line 10, fill in the appropriate amount from TABLE 1 , page 15.	12	6000	.00
13	Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)	13	0	.00
14	Using the amount on line 13, fill in the appropriate amount from TABLE 2 , page 16	14		.00
15	Regular Credit – Check box to indicate the percentage of credit for which you qualify:			
a	<input type="checkbox"/> 100% – Fill in amount from line 14	15a		.00
b	<input type="checkbox"/> 80% – Fill in 80% of line 14 amount	15b		.00
c	<input type="checkbox"/> 70% – Fill in 70% of line 14 amount	15c		.00
d	<input type="checkbox"/> Multiple Percentages – From line 21 of WORKSHEET 2 , page 12 ..	15d		.00
16	10% Special Minimum Credit – Fill in 10% of line 11b	16		.00
17	Credit Based On Prior Year's Law – Fill in amount from line 13 of WORKSHEET 1 , page 11 – available only if your agreement was effective before 8/15/91	17		.00
18	FARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a through 17 on line 18. Fill in the credit from line 18 on one of the following lines: line 44 of Form 1; line 69 of Form 1NPR; line 1, Schedule C2, of Form 4 or Form 5; or line 17 of Form 2	18 ▶		.00

Certification If applicable, check the box on line 19 to certify both of the following (see instructions, page 9):

19 a	None of the information on my previously submitted zoning certificate has changed, and	
b	I have notified the county land conservation committee that I intend to file a 2005 Schedule FC ..	19 <input type="checkbox"/>

Sign Here This farmland preservation credit claim and all attachments are true, correct, and complete to the best of my knowledge.

Claimant's signature

Date